

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

Date Received
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HUMAN RESOURCES

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) 2014 APR 22 PM 2:50
Noda Audrey L

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Controller's Office

Division, Board, Department, District, if applicable

Executive Office

Your Position

Deputy Chief of Staff

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: CalPERS/CalSTRS

Position: Alternate Board Member

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is ____/____/____, through December 31, 2013.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2013, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

777 South Figueroa St. Suite 4800

Los Angeles

CA

90017

DAYTIME TELEPHONE NUMBER

(213) 833-6022

E-MAIL ADDRESS (OPTIONAL)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/28/2014

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Audrey Noda

1. BUSINESS ENTITY OR TRUST

Margin of Victory LLC

Name

238 S. Griffith Park Dr. Burbank, CA 91506

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Political Consulting/Public Relations

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ LLC ☐ Other

YOUR BUSINESS POSITION Spouse's business

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Californians Vote Green

Name

3700 Wilshire Blvd., Suite 1050-B Los Angeles, CA 90010

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Slate Management Organization

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ LLC ☐ Other

YOUR BUSINESS POSITION Spouse's business

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE D Income – Gifts

Name
Audrey Noda

► NAME OF SOURCE (Not an Acronym)

The Monares Group, LLC

ADDRESS (Business Address Acceptable)

100 S. Vincent Ave., #403 West Covina, CA 91790

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02_08_13	50.00	San Gabriel Valley
____/____/____	\$_____	Public Affairs Network
____/____/____	\$_____	Lunch

► NAME OF SOURCE (Not an Acronym)

Southern California Leadership Council

ADDRESS (Business Address Acceptable)

444 S. Flower St., 37th Flr., Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04_11_13	67.00	Lunch meeting
____/____/____	\$_____	
____/____/____	\$_____	

► NAME OF SOURCE (Not an Acronym)

Hawthorne Chamber of Commerce

ADDRESS (Business Address Acceptable)

12519 Crenshaw Blvd., Hawthorne, CA 90250

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05_10_13	50.00	State of the Region
____/____/____	\$_____	luncheon
____/____/____	\$_____	

► NAME OF SOURCE (Not an Acronym)

Loyola Marymount University

ADDRESS (Business Address Acceptable)

One LMU Drive, Los Angeles, CA 90045

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03_05_13	20.00	LA Votes-Election Night
____/____/____	\$_____	Party
05_21_13	55.00	Election Night Central
____/____/____	\$_____	

► NAME OF SOURCE (Not an Acronym)

Southern California Association of Governments

ADDRESS (Business Address Acceptable)

818 W. 7th St., 12th Flr., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Planning organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05_02_13	51.00	Conference luncheon
____/____/____	\$_____	
____/____/____	\$_____	

► NAME OF SOURCE (Not an Acronym)

Imprenta Communications Group

ADDRESS (Business Address Acceptable)

300 S. Raymond Ave., Suite 9 Pasadena, CA 91105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07_25_13	80.00	Los Angeles Business
____/____/____	\$_____	Journal Awards Lunch
____/____/____	\$_____	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Audrey Noda

► NAME OF SOURCE (Not an Acronym)

League of California Cities

ADDRESS (Business Address Acceptable)

1400 K St., Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Local Government Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 28 / 13	\$ 55.00	LA Division
___ / ___ / ___	\$ _____	Conference Lunch
___ / ___ / ___	\$ _____	

► NAME OF SOURCE (Not an Acronym)

Milken Institute

ADDRESS (Business Address Acceptable)

1250 Fourth St., Santa Monica, CA 90401

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 21 / 13	\$ 111.27	California Summit
___ / ___ / ___	\$ _____	Lunch
___ / ___ / ___	\$ _____	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments: